

# Better Homes and Centers



Michigan Department of  
Social Services

Socialization: Part II

Issue 17 Summer 1988

## THE CHILD ABUSE REPORT HAS BEEN MADE, NOW WHAT? SUGGESTIONS FOR CHILD CARE PROVIDER

*By Ray E. Helfer, M.D., Professor  
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A significant amount of the literature that relates to the role of the child care provider and child abuse deals with the issues of early recognition and the responsibility to report suspected cases. Very little information is available to caregivers as to what to do after the report has been made. How can staff help the abused child who is still in care, either living in his own home or in a foster home? Some think, and even hope, their responsibilities are over and now Protective Services (PS) has the ball. Unfortunately, PS doesn't keep the ball very long and the child may well be left without any kind of long-term help.

A very brief vignette might be helpful. I recently was taking a pediatric history from a 25-year-old mother about her two children, who had been brought to the clinic for a routine assessment. In reviewing the family history and the mother's early childhood experiences, a very traumatic and abusive childhood was described in some detail by this woman. I asked her how she was doing with her children. While she was having some difficulty, she didn't feel that she was abusive; my observations tended to agree with her assessment. "In some ways," she commented, "I was fortunate as a child." With curiosity, I asked, "How do you mean fortunate?" Her immediate reply was that a teacher, during these abusive years, was "nice to me." She went on to describe this individual, in whom she had confided about her abusive childhood, as someone who was "always there" and frequently told her, in one way or another, "I know it's pretty bad at home, but when you're here, you're safe."

Herein lies the underlying theme of the role of the child care staff in interacting with a child who, after

*(Continued on page 2)*

## DIRECTOR'S CORNER

Too often we read about the tragic injury and death of children as a result of abuse or neglect by adults responsible for their well-being.

Frequently we read that a child was severely injured or even killed and later discover that people close to the family or situation suspected that something was wrong. The incidence of child abuse seems to be on the increase. It is painful to imagine the abuses occurring everyday to powerless little children.

As child care providers, you are in a position to identify potential victims. If you suspect that a child may be neglected or abused, make the time to call the protective services unit in your local county DSS office. The child protection law, states, in part, that "... a regulated child care provider who has reasonable cause to suspect child abuse or neglect immediately by telephone or otherwise, shall make an oral report ... to the Department."

Section 5 of the Child Protection Law further states, "The identity of a reporting person shall be confidential, subject to disclosure only with the consent of that person or by judicial process." There are additional protections, including immunity from civil or criminal liability, when the reporting person acted in good faith."

Act when you think it is necessary. You will feel good about it when you do, and you may just have helped to save a child from a life of despair and injury and perhaps even death.

Ted deWolf, Director  
Division of Child Day Care Licensing

## THE CHILD ABUSE REPORT...

(Continued from page 1)

the report, is still in care and oftentimes still living in the same abusive environment. Above all, the child must know that such a "teacher" exists and that school or day care is a safe place. First and foremost, the child care center or family day care home can provide the child with one primary caregiver who can say to the child, "I know that it's bad at home, but when you're here and with me, you're safe."

The primary caregiver and other members of the child care staff can be most helpful if, over a considerable period of time, several very specific objectives are accomplished.

1. Teach the child by modeling how to communicate using one's senses. The child should grow comfortable in being touched and occasionally hugged. Practice the transfer of very positive messages by eye contact. Go on "sensory scavenger hunts" in which the child is taught to recognize his world by touch, smell, feel, sounds and the like. An abused child is hurt so often by the sensory communications of hitting, screaming and hollering that the senses are muted. The primary caregiver must use every opportunity to bring these senses back to a place where they can be used, comfortably, in transferring special messages.
2. Frequently give the child real choices. This can be done very simply by asking him if he wants a hotdog or hamburger for lunch, or more complexly, by asking if they want to paint or play with playdough. The abused child frequently feels out of control, being given no options. Making decisions by giving choices should be an integral part of the child's day care experience.
3. Make every effort to help the child gain a trusting relationship with the primary caregiver by following through on promises and expecting the same from the child.
4. Help the child gain an understanding of the concept of delayed gratification, i.e., putting certain desires off till a future date, rather than getting one's needs

met immediately. This might be done very simply by saving a portion of one's Halloween candy for a few days or putting some money away for a special treat, or more complexly by planning a field trip several days away. Looking into the future and planning ahead as a positive concept is not part of the abused child's world.

5. Be aware that the abused child is often convinced that the abusive behavior of the parents against the child is the child's fault. When this occurs, the child begins to take on the responsibility, and ultimately the guilt, for the parents' actions. This interferes with the child's ability to learn responsibility for his own actions; the child frequently blames others for things he did. This is a phenomenon learned in the abusive environment. The mentor must insist that the child take the responsibility for his actions, both those that weren't so good and those that were very good. If the child succeeds at something he tries, do everything possible to help the child take the credit that is due. On the other hand, if the child errs, the child must see that as his responsibility. This will be a slow and tedious learning process, but one that is most critical as the abused child moves through childhood.
6. Work with diligence to help children understand that there is a difference between how they feel and what they do, i.e. feelings don't equal actions. In the abusive home, a child is taught, over and over, that how he feels or what he does are one and the same thing. "When I get mad at you, I hit you." "I get mad at my sister and I bite her." "I like my boyfriend and I have sex with him." These are seen as one and the same. The caregiver must, over and over, insist that the child separate feelings from actions. How you *feel* is one thing, and that's okay. What you *do* is another, and it may or may not be okay. You get mad at your playmate; that's okay. Hitting him over the head with a stick is not okay. What the caregiver is trying to teach the child is that feelings are okay and actions are under his control. Some are good and some aren't so good. When you pick the latter you have to take the responsibility, and if you pick the former you should take the credit.

The caregiver, who befriends the child, can help the abused child find his way through the terrible experiences that are occurring at home. The child must be convinced that, even though home may be bad, day care is a safe place and his "caregiver" will be there when needed.

Finally, I would recommend the 4th Edition of *The Battered Child*, published by the University of Chicago Press in 1987. Read Chapter Four, entitled "The Developmental Basis of Child Abuse and Neglect." Child care providers can be most instrumental in helping the child experience a reasonably normal developmental process, even though the home is indeed abusive and neglectful.



# MISTER ROGERS: INSIGHTS INTO CHILDHOOD

## Heated Goodbyes, Cold Hellos

by  
Fred Rogers  
with  
Hedda Sharapan

If saying goodbye to someone you love means pain and tears, you'd think saying hello to them again would mean joy and laughter. From a young child's point of view, though, we may have to think again.

Parents naturally wonder why their children sometimes greet them in such seemingly unwelcome ways after time apart. Instead of happy hugs, what they get is hostility or, even worse, the cold shoulder.

"What kind of welcome is that?" a puzzled father asked, feeling hurt when one of his children greeted him that way at the end of a business trip. Though it didn't look like it, that welcome was probably an expression of love.

Children's love can be very possessive. They want their parents right there with them all the time. Of course, that's unreasonable, but childhood is not a "reasonable" time — according to adult reason. Children can't understand why a person who loves them wouldn't want to be with them every minute of the day and night. "After all," a child reasons, "if I want to be with you all the time, then you must want to be with me just as much."

Part of growing is learning to cope with the strong feelings when a parent goes away. Sadness is one of those emotions, and that's the one we generally associate with partings. The other significant feeling at being left behind is anger. That one is often not recognized or acknowledged, and it can have some disastrous effects on "hello" times.

Reunions bring up to the surface again the anger that may have been boiling underneath when Mommy left and while Mommy was away. When children are angry, they can be difficult for parents to deal with.

A mother told us what it's been like for her in the early days of her son's first day care experience.

"On the long ride home, I find myself picturing Jeffrey running up to me with a big bear hug," she said. "But when I get there, he's likely to act as if he doesn't see me at all. Once he even ran to his teacher and cried that didn't want to go home. A couple of times he's been rude and grumpy to me and won't get his coat on, so I have to pick him up and take him out the door by force. What a way for our evenings together to begin!"

Unpleasant as that lack of welcome must have seemed, Jeffrey was probably happy and relieved deep



down inside to be with his mother again. On the surface, however, he was showing his anger at her having left him in the first place.

For Jeffrey, just getting used to his mother's coming and going will most likely help him handle his angry feelings about her absences. Each time she comes back to him, he will find it easier to trust her to return the next time she leaves. He may be hoping he can stop her from going away, but as he comes to accept that he can't, he may start acting more positively about their reunions.

The more he and his mother can talk about leaving and coming back, the better. Why do people go away? How does it feel to miss someone you love? How does it feel when you and that someone are back together again? Then, too, they may find some practical ways to make "hello" time smoother. Some care providers suggest that parents linger a bit with their children before leaving for home; a little transition time can be very helpful in dispersing pent up feelings.

Although we tend to think of "hello" and "goodbye" as opposites, children may treat them both as aspects of the same experience: being left behind by a loved one. While parents may find themselves surprised and even hurt by their children's standoffishness at the end of the day, they can take comfort in the thought that all it probably means is that they are loved and loved a lot.

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# BITING — WAYS TO COPE

Lynn Bauereiss

It's 9 a.m., and you are having group time. All is going well until 3-year-old John leans over and bites Matthew on the cheek for no apparent reason. The group is disrupted by Matthew's crying, and you are stunned by John's behavior. At 10 a.m. the children are in free play. John is looking for something to do when suddenly he sees Marcia playing with his favorite toy. He grabs it from her and shouts "Mine!" Marcia grabs it back, and before you can reach them, John bites Marcia on the arm and runs away. Marcia is left sobbing, and you aren't sure which child to attend to first. At 6 p.m. the few remaining children are anxiously waiting for their parents. When John sees his mother coming into the room, he becomes excited and bites Jeffrey, with whom he had been playing happily moments before.

From time to time, incidents such as this have probably occurred at your home or center. Undoubtedly, you have wondered how to handle biting when it becomes a problem. Why do children bite, and what can you do about it?

## Why children bite

Infants are always putting objects in their mouths. This is one of the ways they learn about the world around them, and it is a normal part of their development. Teething is a prime time for biting to start. Not only are babies used to putting everything in their mouths, but also it feels good to bite down. Anything convenient will do, and that includes any nearby child or adult. This is usually not an aggressive act and should not be considered bad behavior. Babies simply do not understand that biting hurts the other person.

Once children are walking and no longer teething, the reasons for biting become more complicated. When a toddler or preschooler has a biting problem, consider the following:

- Is the child new to your center or home? Being in a new place with strange people can be frightening and may overwhelm a child. The child may react by biting. Help the child become a welcome and valued member of the group.
- Is this the child's first group experience? If so, the child may not know how to play with other children. When children are placed in groups, suddenly they are expected to share, take turns, and wait for what they want. These are hard lessons to learn, and it takes time to adjust. A child may feel frustrated when wants are not immediately gratified, and biting may be the result.
- Does the family have a new baby? Or has another major change occurred — divorce, death, move to a new house? Changes like these will surely cause problems if the child does not have a chance to express negative or hostile feelings. Caregivers must be prepared to hear statements such as "I hate that baby!" without making the child feel guilty about

expressing his feelings. A caring, thoughtful caregiver will help a child talk about the change and work through feelings of jealousy, anger, and fear. These are confusing times for any child, and aggressive acts against other children may occur.

- Does the child seem most likely to bite at certain times during the day? If so, consider what is happening during those times. If the child seems to bite more during nap time, the child may be overly tired or lonely. If it happens at lunch, the child may be too crowded by other children at the table. If it occurs near the end of the day, the child may be anxious about going home.
- Does the biter tend to go after one particular child? If so, keep the children separated as much as possible. When a child bites at random, try to supervise the child closely. This will be difficult when one caregiver is caring for a group of children. If possible, have another caregiver or volunteer help with the group until the problem is solved.
- Does the biter have other behavior problems? A child who is cranky, irritable, aggressive, listless, tired, or upset most of the time and who gets sick often may be suffering from poor nutrition. Observe whether the child eats a variety of fruits, vegetables, breads, meats, and dairy products. Eliminate foods with caffeine such as hot chocolate, tea, and soft drinks. Cut down on sugary foods because these often take the place of more nutritious ones. Consider making changes in your menus to include more nutritious foods. Stress to parents the importance of a nutritious breakfast.

## Ways to cope

Caregivers can deal with the biting problem first by taking a hard look at the overall program.

- Is the program meeting the needs of the children? Make sure you have a daily schedule of planned activities the children enjoy. Allow ample time for outside play when children can run, jump, and be noisy. During bad weather, plan for more frequent active indoor activities to use up excess energy.
- Do you have enough toys and equipment? When you do not, fighting is bound to occur. It is unrealistic to expect children to share all the time. Most children younger than 4 simply cannot do it. Are toys suited to the ages and maturity of the children? Children can get frustrated if toys and play materials are not challenging enough or are too difficult to play with.
- Have you allowed children opportunities to express hostile and aggressive feelings in appropriate ways? Encourage children to use words when they are mad or unhappy instead of biting. When you know a child is upset, talk to the child and help work through the anger before the child bites. It is better to talk about aggressive feelings, which we all have,

than to act out these feelings on another child.

Even the best programs and the most skillful caregivers occasionally have children with behavior problems. Despite all the precautions you take, biting may still occur. When infants and toddlers are involved, say, "No, no! That hurts!" They may not understand your words but will respond to your tone of voice.

First, turn your attention to the child who was bitten. Wash the wound and provide hugs and kisses if the child is upset or crying. Even if the child does not seem bothered by the incident, a hug or pat on the back and a kiss will let the child know you care.

Then move the biter away from the bitten child. Redirect the biter's attention with other toys. Giving the baby a soft chew toy would be especially good at this time.

When children older than 2½ or 3 bite, they should be handled a bit differently. Here are some suggestions.

- First give plenty of attention to the victim. Have the biter help wash the bite mark and put a bandage or ice on the sore. Or have individual premoistened towelettes for the biter to soothe the victim. This helps the biter take responsibility for the action.
- Talk to the biter about the incident firmly, but not harshly. Make sure the child is paying attention. Keep the talk short and to the point. A long lecture is not necessary and probably will not be understood.
- If necessary, separate the biter from the group until the child can control the biting and rejoin the other children. This time out should never be longer than five minutes.
- Have a clean rubber toy (or a discarded doll arm) available for the child to bite. After a biting incident occurs, you might say, "You may not bite people, but you can bite the toy when you need to bite." You might tie a string around the toy and have the



child wear it around the neck. Under no circumstances would this be done to humiliate the child. If the child resists, do not force it. Remove the toy before nap time to prevent possible strangulation.

- Have playdough and clay available. Pounding, rolling, and hitting playdough will help release hostile feelings. Fingerprinting and easel painting also help a child who feels angry.

- Give lots of praise and attention for good behavior. The more attention children receive for good behavior, the less likely they are to misbehave. A child with a serious biting problem may not be able to go all day at first without biting, so make sure you reward the child often for behaving well.
- Keep parents informed. Encourage the parents of the biter not to punish the child at home for biting that occurs at your home or center. You will have handled the incident, and the child should not be reprimanded again. If necessary, ask parents if anything has changed at home that might be causing the child to be more hostile.

One of the toughest parts of the biting problem is telling parents their child has been bitten. Parents are likely to get angry and ask, "Who did this to my child? Why is he being picked on?" Accept their anger calmly and explain that biting is a common way for children to deal with frustration. Describe what you are doing to keep the child from being bitten again. Ask for parents' support in dealing with the problem.

- If nothing works and the child continues to bite, it may be necessary for the parent to make other child-care arrangements. Remember, it is your responsibility to ensure the safety of *all* the children in your home or center. You cannot do this when you allow a child with a serious biting problem to attend. Even the best program cannot solve every problem or meet the needs of every child. It is possible the child may do better in another setting, particularly one which has less competition for attention.

#### What not to do

Through the years, some common misconceptions have arisen about how to handle a biting child. These are so widespread that some doctors, teachers, and otherwise respected authorities have been heard to say them. These practices have no place in child-care programs.

- Do not bite the child back. This will not teach a child not to bite and is a violation of the minimum standards for day-care centers. Biting is wrong whether it is done by a child or an adult.
- Do not encourage the bitten child to bite back.
- Do not humiliate the biter or call the child names. This only makes the child feel worse and is ineffective in preventing the problem.
- Do not spank the child. Again, this is a violation of the minimum standards.

Biting is a common but troublesome problem any time children are cared for in groups. With caring, understanding, and commitment to help a child through a difficult stage, you may be able to eliminate all but the most persistent biting. The time you spend overcoming this problem is well worth the effort and will be invaluable to the child.

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# RESOURCES: Socialization

## For Parents and Teachers

- When Children Invite Child Abuse*, Gold, Svea J. (Fern Ridge Press, 1986).
- Feed Your Kids Rights*, Smith, M.D., Lendon (McGraw-Hill, 1979).
- The Hurried Child*, Elkind, David (Addison-Wesley Publishing Co., 1981).
- Miseducation: Preschoolers at Risk*, Elkind, David (A. A. Knopf, 1986).
- Infants: Their Social Environments*, Weissbourd, B. and J. S. Musick, eds. (NAEYC).
- Seeing Infants with New Eyes*, Gerber, Magda (Video).
- Guiding Children's Social Development*, Kostelnik M., Stein, L., Whiren, A., Soderman, A. (Southwestern Publishing Co., 1988).
- Connecting: Friendship in the Lives of Young Children and Their Teacher*, Wolf, Dennie Palmer, Ed. (Exchange Press, Inc. 1986).
- Guidance and Discipline: Teaching Young Children Appropriate Behavior*, Clewett, Ann S., *Young Children* (May 1988).
- "Developing Kindness in Children,"* Smith, Charles Texas *Child Care Quarterly* (Winter 1987). This newsletter is published by the Texas department of Human services. Subscription cost is \$8.00/yr. Write to: Corporate Child Development Fund For Texas, 4029 Capitol of Texas Hwy., South Suite 102, Austin, TX 78704-7920.
- Social Competence*, Adock, Don and Segal, PH.D., Marilyn (Nova University 1979).
- Alike and Different: Exploring Our Humanity with Young Children*, Neugebauer, Bonnie Ed. (Exchange Press, Inc. 1987).
- The Importance of Good Feelings*, Bowdoin, Ruth (Webster's International Tutoring Systems, Inc. 1976).
- A Better Safe Than Sorry Book: A Family Guide for Sexual Assault Prevention*, Gordon, Sol and Judith (Ed-U Press, 1984).
- A Touching Book...For Little People and For Big People...*, Hindman, Jan (McClure-Hindman Books, 1983).

## For Children

- The following four books can be obtained from:  
The Children's Small Press Collection, 719 N. Fourth Ave., Ann Arbor, MI 48104
- Some Things You Just Can't Do By Yourself*, Schiff, Naomi and Sarah, Becky (A New Seed Press Book, 1973).
- Fanny and Sarah*, Weinberger, Jane D. (A Windswept Book, 1986).
- The Dragon and the Mouse "Together Again"* Timm, Dr. Stephen A. (Touchstone Enterprises, Inc., 1981).
- The Dragon and the Mouse, The Dream*, Timm, Dr. Stephen A. (Steppingstone Enterprises, Inc., 1982).
- Oscar the Selfish Octopus*, Barrett, John M. (Human Sciences Press, Inc.).

- Losing Your Best Friend*, Bergstrom, Corinne (Human Sciences Press, Inc.).
- I Have Feelings*, Berger, Terry (Human Sciences Press, Inc.).
- I Have Feelings Too*, Berger, Terry (Human Sciences Press, Inc.).
- Dusty Was My Friend*, Clardy, Andrea Fleck (Human Sciences Press, Inc.).
- HELP: Getting To Know About Needing and Giving*, Green, Laura (Human Sciences Press, Inc.).
- Promise Not To Tell*, Polese, Carolyn (Human Sciences Press, Inc.). For children 8 and up. A child is threatened with sexual assault.
- Going To Day Care*, Rogers, Fred (Family Communications, Inc. 1985).

For all Mister Rogers material write to: Family Communications Inc., 4802 5th Ave., Pittsburg, PA 15213

- Making Friends*, Rogers, Fred (Family Communications, Inc.).
- Mister Rogers: When Parents Are Away*, Rogers, Fred (Family Communications, Inc., 1983 & 1987). Videotape. Helps children and adults deal with times of separation and the feeling those times bring.
- Moving*, Rogers, Fred (Family Communications, Inc.).
- The New Baby*, Rogers, Fred (Family Communications, Inc.).
- Mister Rogers' Plan and Play Book*, Rogers, Fred (Family Communications, Inc., 1983. Second ed. 1985). Daily activities from Mister Roger's Neighborhood for Child Care Providers. More activities on feelings, socialization, cooperation.
- Mister Rogers Talks with Parents*, Rogers, Fred (The Berkley Publishing Group 1983).



## A Business Conference for Child Care Providers

Friday, September 23  
and  
Saturday, September 24, 1988  
Oakland University  
Rochester, Michigan

Register for one or both days.

for more information call Marilyn Rudzinski  
Extension Home Economist  
Conference Chair at (313) 469-6430

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## PROVIDER'S CORNER



### IT WORKS!!!! IT WORKS!!!!

*Ann Climer, Director  
First United Methodist Church Nursery School  
Birmingham, Michigan*

After twenty years of NO CRISIS, our nursery school experienced a real humdinger this spring!! At 10:30 a.m. our 3½ year olds were on the playground with their teachers when I was summoned because a child had fallen from an 18 inch high balance beam. The child's teacher knelt beside him on the grass and kept him comforted. His left arm was very swollen and his crying was that of a child in pain.

The little boy wasn't moved and I went to the telephone to call the EMS unit and his parents. The EMS crew, police, and firemen were there within 5 minutes to supervise and perform first aid. Even though we had all the telephone numbers required by the Department of Social Services, and even extras, we were unable to locate either parent.

The EMS crew watched over the little boy and waited for us to find his parents. When they felt it unwise to wait any longer, they took the child by ambulance to the hospital. Two of our teachers went in the ambulance. Since they needed to take the child's medical form and information card, I quickly copied information for my own use. At the hospital the little

boy's teacher remained with him while the second teacher kept in touch with the nursery office.

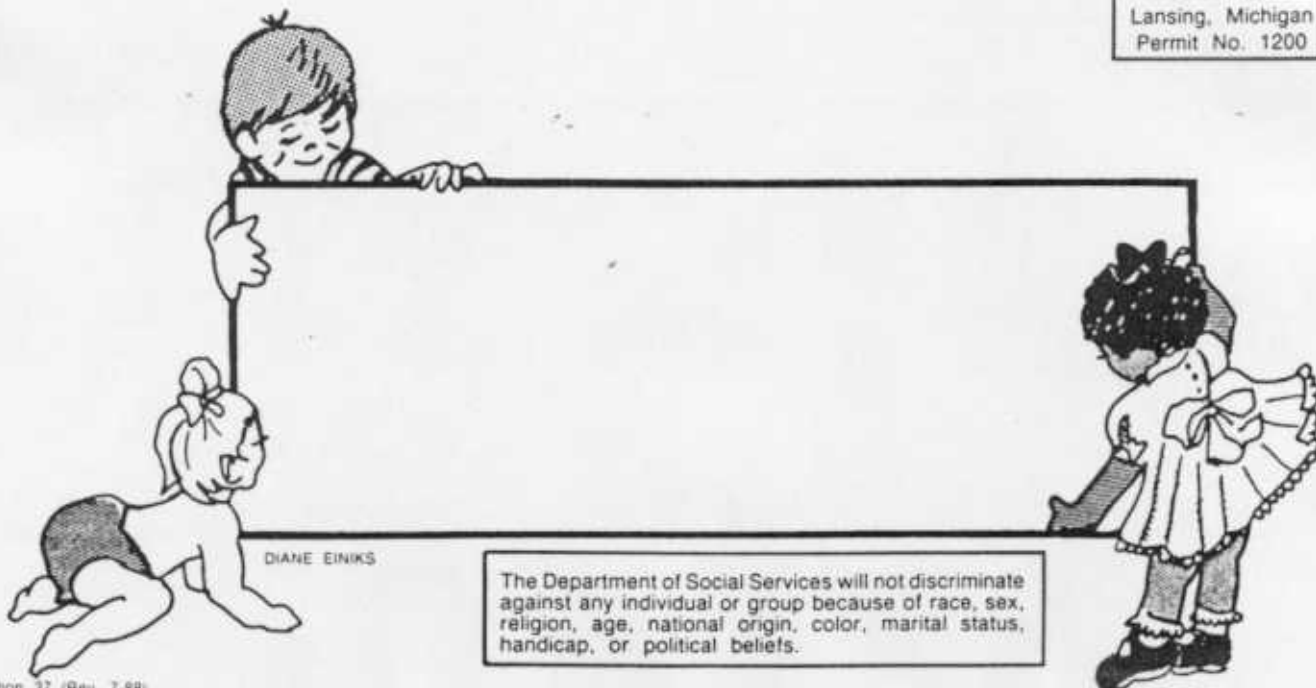
Unfortunately, it wasn't until around 12:30 that the mother arrived at the hospital. At last, x-rays and the final diagnosis could be made. The delay was due to the fact that unless the situation is life-threatening, the parents' approval is necessary before treatment can be administered. The outcome—the boy's left arm was broken above the elbow and surgery was required to set and pin the bone. The doctor told the parents that recovery would be normal.

I want to relate this incident because we now know how important the emergency procedures are. Our staff had discussed how we would manage a possible emergency: (1) the child's teacher was to stay with the injured one; (2) a second teacher would contact the director and remove the rest of the children from the scene while talking with them and reassuring them; (3) the third teacher would keep in touch with the accident and the director. Even though it all went as planned on that day, we have recommendations to make:

1. Each facility should have a duplicate list of each child's emergency phone numbers.
2. Two teachers are needed to go to the hospital *in* the ambulance if parents are not present (a) one to remain with the child at all times, and (b) one to keep in touch with the school director and make any necessary phone calls.

Our recent experience has shown us how important a plan of action is and that it needs to be rehearsed. Licensing rules helped us to formulate our plan and it was helpful to have information from the licensing consultant to assist us. We feel that our above suggestions would make someone else's plan for emergency procedures more effective.

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DIANE EINKS

The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.